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CONFIRMATION NO. 8144

SERIAL NUMBER 10/549,617	FILING OR 371(c) DATE 09/20/2005 RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. 0119/0047
APPLICANTS Thomas Gostelow, Springhead, UNITED KINGDOM;				
** CONTINUING DATA ***** This application is a 371 of PCT/GB04/01707 04/21/2004 ✓ ASL 6/8/06				
** FOREIGN APPLICATIONS ***** UNITED KINGDOM 0309389.5 04/25/2003 ✓ ASL 6/8/06				
Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 2	TOTAL CLAIMS 10
35 USC 119 (a-d) conditions met	Verified and Acknowledged Examiner's Signature <i>Madhus 4/24</i> ASL Initials			INDEPENDENT CLAIMS 1
ADDRESS 021395				
TITLE Tracheostomy device				
FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	